

12-03-01

14

11/29/01
J1054
S. PTO

Practitioner's Docket No. P1036 US

PATENT

Preliminary Classification:

Proposed Class:

Subclass:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

J1050 U.S. PTO
09/998766
11/29/01

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Patrick J. Duane

For (title): Apparatus for Temporary Intraluminal Protection

1. Type of Application

This transmittal is for an original (nonprovisional) application.

CERTIFICATION UNDER 37 C.F.R. § 1.8(a) and 1.10*
(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

☐ deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner of Patents, Washington D.C. 20231

37 CFR 1.8a

☐ with sufficient postage as first class mail.

37 CFR 1.10

☒ as "Express Mail Post Office to Addressee" Mailing Label

No. EV 005741772 US

TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, 703 _____.

Date:

11/28/01

Christine L. Aceves
Signature

Christine L. Aceves

Type or print name of person certifying

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

2. Papers Enclosed

A. Required for filing date under 37 C.F.R. 1.53(b) (Regular) or 37 C.F.R. 1.153 (Design)
Application

8 Page(s) of Specification

4 Page(s) of Claims

3 Sheet(s) of Drawing(s)--Informal

B. Other Papers Enclosed

2 Page(s) of declaration and power of attorney

1 Page(s) of abstract

3. Declaration or Oath

Enclosed

Executed by:

* inventor.

4. Inventorship Statement

The inventorship for all the claims in this application is the same.

5. Language

English

09/26/2014 10:52:11 AM

Demographic Data		Clinical Data		Laboratory Data		Treatment Data		Outcome Data	
Variable	Value	Variable	Value	Variable	Value	Variable	Value	Variable	Value
Age (years)	65.2	Sex (Male/Female)	45/20	Weight (kg)	78.5	Height (cm)	175.0	BMI (kg/m ²)	25.5
Education (years)	12.5	Smoking (Yes/No)	15/30	Cholesterol (mg/dL)	245.0	Triglycerides (mg/dL)	180.0	Glucose (mg/dL)	100.0
Marital Status (Married/Single)	30/15	Alcohol (Yes/No)	10/20	Hemoglobin (g/dL)	14.5	Hematocrit (%)	42.0	WBC (x10 ⁹ /L)	8.5
Occupation (Professional/Other)	20/15	Exercise (Yes/No)	10/20	Platelets (x10 ⁹ /L)	150.0	Prothrombin Time (s)	12.5	Partial Thromboplastin Time (s)	32.0
Religion (Christian/Jewish/Muslim)	25/10/5	Comorbidities (Hypertension/Diabetes)	15/10	Renal Function (Creatinine mg/dL)	1.2	Liver Function (ALT U/L)	25.0	AST U/L	30.0
Language (English/Spanish)	30/15	Medications (Aspirin/Statins)	10/10	Blood Pressure (mmHg)	130/80	Heart Rate (b/min)	75	Respiratory Rate (b/min)	18
Insurance (Medicare/Medicaid)	25/10	Family History (Heart Disease/Stroke)	10/10	ECG (Normal/Abnormal)	15/15	Imaging (Chest X-ray/CT)	10/10	Pathology (Biopsy/Immunohistochemistry)	10/10
Referral Source (Primary Care/Referral)	20/15	Previous Hospitalizations (Heart Failure/Stroke)	10/10	Current Symptoms (Chest Pain/Shortness of Breath)	15/15	Diagnostic Tests (ECG/Imaging/Pathology)	10/10	Treatment Response (Improved/No Change)	10/10
Referral Date (MM/DD/YYYY)	01/15/2020	Referral Physician (Name/Title)	Dr. J. Doe / MD	Referral Facility (Hospital/Clinic)	St. Mary's Hospital	Referral Referral (Referral Number)	123456789	Referral Status (Active/Completed)	Active

Demographic Data		Clinical Data		Laboratory Data		Treatment Data		Outcome Data	
Variable	Value	Variable	Value	Variable	Value	Variable	Value	Variable	Value
Age (years)	65.2	Sex (Male/Female)	45/20	Weight (kg)	78.5	Height (cm)	175.3	BMI (kg/m ²)	25.8
Education (years)	12.5	Smoking Status (Yes/No)	15/30	Cholesterol (mg/dL)	245.1	Triglycerides (mg/dL)	180.2	Glucose (mg/dL)	100.5
Marital Status (Married/Single)	35/10	Alcohol Consumption (g/day)	40.2	Hemoglobin A1c (%)	6.8	Creatinine (mg/dL)	1.2	Blood Pressure (mmHg)	130/80
Occupation (Professional/Other)	25/15	Family History (Yes/No)	10/20	Uric Acid (mg/dL)	6.5	Calcium (mg/dL)	9.5	Phosphorus (mg/dL)	3.5
Comorbidities (Hypertension/Diabetes)	20/15	Medication (Insulin/Oral)	15/10	Liver Enzymes (ALT/AST)	45/55	Thyroid Function (TSH/T4)	2.5/1.2	Vitamin D (ng/mL)	20.1
Previous Hospitalizations (Yes/No)	10/20	Current Symptoms (Pain/Weakness)	15/10	Electrolytes (Na/K/Mg)	135/4.0/0.8	Coagulation Profile (PT/APTT)	12.5/35.2	Renal Function (eGFR)	60.5
Current Medications (List)	Insulin, Aspirin, Lisin	Physical Activity (Hours/Week)	2.5	Cardiac Function (EF/BNP)	55/120	Respiratory Function (FEV1/FVC)	2.8/0.85	Neurological Function (MMSE)	28.5
Health Insurance (Medicare/Medicaid)	30/10	Quality of Life (SF-36 Score)	45.2	Immunization Status (Up-to-date/Not)	15/10	Genetic Testing Results (List)	BRCA1, APOE4	Environmental Exposures (List)	Asbestos, Lead
Consent Status (Yes/No)	35/10	Study Completion Rate (%)	85.2	Adverse Events (List)	Hypertension, Nausea	Follow-up Adherence (%)	75.5	Long-term Outcomes (List)	Mortality, Disability

Demographic Data		Clinical Data		Laboratory Data		Treatment Data		Outcome Data	
Variable	Value	Variable	Value	Variable	Value	Variable	Value	Variable	Value
Age (years)	65.2	Sex (Male/Female)	45/20	Weight (kg)	78.5	Height (cm)	175.0	BMI (kg/m ²)	25.5
Education (years)	12.5	Smoking (Yes/No)	15/30	Cholesterol (mg/dL)	245.0	Triglycerides (mg/dL)	180.0	Glucose (mg/dL)	100.0
Marital Status (Married/Single)	30/15	Alcohol (Yes/No)	10/20	Hemoglobin (g/dL)	14.5	Hematocrit (%)	42.0	WBC (x10 ⁹ /L)	8.5
Occupation (Professional/Other)	10/25	Exercise (Yes/No)	5/25	Platelets (x10 ⁹ /L)	210.0	Prothrombin Time (sec)	12.5	Partial Thromboplastin Time (sec)	32.0
Comorbidities (Hypertension/Diabetes)	20/10	Medications (Antihypertensive/Diabetic)	15/10	Renal Function (Creatinine mg/dL)	1.2	Liver Function (ALT U/L)	25.0	Aspartate Aminotransferase (U/L)	20.0
Family History (Heart Disease/Stroke)	15/10	Surgery (Yes/No)	5/20	Immunization (Vaccinated/Not)	15/10	Compliance (Yes/No)	15/10	Adherence (Yes/No)	15/10
Social Support (Family/Friends)	10/15	Insurance (Private/Public)	10/15	Health Literacy (High/Low)	10/15	Health Beliefs (Positive/Negative)	10/15	Health Behaviors (Healthy/Unhealthy)	10/15
Quality of Life (SF-36 Score)	55.0	Functional Status (Independent/Dependent)	15/10	Psychological Status (Stable/Unstable)	10/10	Social Function (Good/Poor)	10/10	Physical Function (Good/Poor)	10/10
Healthcare Access (Proximity to Services)	10/15	Healthcare Costs (Affordable/Not)	10/15	Healthcare Satisfaction (Satisfied/Not)	10/15	Healthcare Utilization (High/Low)	10/15	Healthcare Outcomes (Positive/Negative)	10/15
Healthcare Quality (Patient Satisfaction)	10/15	Healthcare Safety (No Adverse Events)	10/15	Healthcare Effectiveness (Achieved Goals)	10/15	Healthcare Efficiency (Reduced Costs)	10/15	Healthcare Equity (Equal Access)	10/15
Healthcare Access (Transportation)	10/15	Healthcare Costs (Insurance Coverage)	10/15	Healthcare Satisfaction (Provider Relationship)	10/15	Healthcare Utilization (Appropriate Use)	10/15	Healthcare Outcomes (Patient Health)	10/15
Healthcare Quality (Communication)	10/15	Healthcare Safety (Infection Control)	10/15	Healthcare Effectiveness (Evidence-Based Practice)	10/15	Healthcare Efficiency (Resource Allocation)	10/15	Healthcare Equity (Cultural Competence)	10/15
Healthcare Access (Information Technology)	10/15	Healthcare Costs (Value-Based Care)	10/15	Healthcare Satisfaction (Patient Engagement)	10/15	Healthcare Utilization (Preventive Care)	10/15	Healthcare Outcomes (Population Health)	10/15
Healthcare Quality (Continuity of Care)	10/15	Healthcare Safety (Medication Management)	10/15	Healthcare Effectiveness (Patient-Centered Care)	10/15	Healthcare Efficiency (Care Coordination)	10/15	Healthcare Equity (Health Disparities)	10/15
Healthcare Access (Community Resources)	10/15	Healthcare Costs (Healthcare Reform)	10/15	Healthcare Satisfaction (Healthcare System)	10/15	Healthcare Utilization (Healthcare Access)	10/15	Healthcare Outcomes (Healthcare Quality)	10/15
Healthcare Quality (Healthcare Reform)	10/15	Healthcare Safety (Healthcare Quality)	10/15	Healthcare Effectiveness (Healthcare Access)	10/15	Healthcare Efficiency (Healthcare Reform)	10/15	Healthcare Equity (Healthcare Quality)	10/15
Healthcare Access (Healthcare Reform)	10/15	Healthcare Costs (Healthcare Quality)	10/15	Healthcare Satisfaction (Healthcare Access)	10/15	Healthcare Utilization (Healthcare Reform)	10/15	Healthcare Outcomes (Healthcare Quality)	10/15
Healthcare Quality (Healthcare Reform)	10/15	Healthcare Safety (Healthcare Quality)	10/15	Healthcare Effectiveness (Healthcare Access)	10/15	Healthcare Efficiency (Healthcare Reform)	10/15	Healthcare Equity (Healthcare Quality)	10/15
Healthcare Access (Healthcare Reform)	10/15	Healthcare Costs (Healthcare Quality)	10/15	Healthcare Satisfaction (Healthcare Access)	10/15	Healthcare Utilization (Healthcare Reform)	10/15	Healthcare Outcomes (Healthcare Quality)	10/15
Healthcare Quality (Healthcare Reform)	10/15	Healthcare Safety (Healthcare Quality)	10/15	Healthcare Effectiveness (Healthcare Access)	10/15	Healthcare Efficiency (Healthcare Reform)	10/15	Healthcare Equity (Healthcare Quality)	10/15
Healthcare Access (Healthcare Reform)	10/15	Healthcare Costs (Healthcare Quality)	10/15	Healthcare Satisfaction (Healthcare Access)	10/15	Healthcare Utilization (Healthcare Reform)	10/15	Healthcare Outcomes (Healthcare Quality)	10/15
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Healthcare Access (Healthcare Reform)	10/15	Healthcare Costs (Healthcare Quality)	10/15	Healthcare Satisfaction (Healthcare Access)	10/15	Healthcare Utilization (Healthcare Reform)	10/15	Healthcare Outcomes (Healthcare Quality)	10/15
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Healthcare Quality (Healthcare Reform)	10/15	Healthcare Safety (Healthcare Quality)	10/15	Healthcare Effectiveness (Healthcare Access)	10/15	Healthcare Efficiency (Healthcare Reform)	10/15	Healthcare Equity (Healthcare Quality)	10/15
Healthcare Access (Healthcare Reform)	10/15	Healthcare Costs (Healthcare Quality)	10/15	Healthcare Satisfaction (Healthcare Access)	10/15	Healthcare Utilization (Healthcare Reform)	10/15	Healthcare Outcomes (Healthcare Quality)	10/15
Healthcare Quality (Healthcare Reform)	10/15	Healthcare Safety (Healthcare Quality)	10/15	Healthcare Effectiveness (Healthcare Access)	10/15	Healthcare Efficiency (Healthcare Reform)	10/15	Healthcare Equity (Healthcare Quality)	10/15
Healthcare Access (Healthcare Reform)	10/15	Healthcare Costs (Healthcare Quality)	10/15	Healthcare Satisfaction (Healthcare Access)	10/15	Healthcare Utilization (Healthcare Reform)	10/15	Healthcare Outcomes (Healthcare Quality)	10/15
Healthcare Quality (Healthcare Reform)	10/15	Healthcare Safety (Healthcare Quality)	10/15	Healthcare Effectiveness (Healthcare Access)	10/15	Healthcare Efficiency (Healthcare Reform)	10/15	Healthcare Equity (Healthcare Quality)	10/15
Healthcare Access (Healthcare Reform)	10/15	Healthcare Costs (Healthcare Quality)	10/15	Healthcare Satisfaction (Healthcare Access)	10/15	Healthcare Utilization (Healthcare Reform)	10/15	Healthcare Outcomes (Healthcare Quality)	

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Comorbidities (Hypertension/Diabetes)	20/10	Medications (Antihypertensive/Diabetic)	15/10	Renal Function (Creatinine mg/dL)	1.2	Liver Function (ALT U/L)	25.0	Aspartate Aminotransferase (U/L)	20.0
Family History (Heart Disease/Stroke)	15/10	Surgery (Yes/No)	5/20	Immunization (MMR/Flu)	Yes/Yes	Vaccination Status (Up to date/Not up to date)	Yes/No	Insurance Type (Private/Medicaid/Medicare)	Private/Medicaid/Medicare
Current Medications (Aspirin/Statins)	Yes/Yes	Adherence (Good/Poor)	Yes/No	Health Status (Stable/Unstable)	Stable/Unstable	Quality of Life (SF-36 Score)	50.0/60.0	Healthcare Costs (Annual \$)	5000/10000

Filing Fee Calculation

\$812.00

7. Fee Payment Being Made at This Time

Enclosed

Filing Fee

\$812.00


8. Method of Payment of Fees

Charge Account No. 012525 in the amount of \$812.00.
A duplicate of this transmittal is attached.

9. Instructions as to Overpayment

Credit Account No. 01-2525.

Date: Nov. 19, 2001
Reg. No.: 35,268.
Phone No.: 707-543-0221
Customer No.: 28390


Catherine C. Maresh
MedtronicAVE, Inc.
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